

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/15/2015
FORM APPROVED
OMB NO. 0938-0391

454 5/29/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445396	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 8. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2015
NAME OF PROVIDER OR SUPPLIER ROAN HIGHLANDS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 146 BUCK CREEK ROAD ROAN MOUNTAIN, TN 37687	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
K 038 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide instructive signage on a contrasting background for operation of delayed-egress door-locks. (NFPA 101, 7.2.1.6.1 (c))</p> <p>Findings Include: Observation and interview with the Maintenance Director, on 4/12/2016 at 1:00 PM confirmed eight (7) of eight (8) observed exit doors had delayed-egress magnetic locking hardware and were not provided with a sign on contrasting background reading, PUSH UNTIL ALARM SOUNDS - DOOR CAN BE OPENED IN 15 SECONDS.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 4/12/2015.</p>	K 038	<p><u>Corrective Action for Targeted Area</u></p> <p>K 038- On 4-21-15 the maintenance director installed new signage on 7 delayed egress doors that has a contrasting background reading, PUSH UNTIL ALARM SOUNDS-DOOR CAN BE OPENED IN 15 SECONDS.</p> <p><u>Identification of Area with Potential to be Affected</u></p> <p>On 4-15-15 the Maintenance Director inspected egress doors and found that no other areas were affected.</p> <p><u>Systematic Changes</u></p> <p>Measures to assure compliance include a quarterly audit of egress doors by the maintenance director to ensure that they have signage that includes contrasting background.</p> <p><u>Monitoring</u></p> <p>Results of these audits will be reported quarterly by the Maintenance Director to the Quality Assurance Performance Improvement Committee for Review and Recommendations. The Administrator and Maintenance Director will follow up on recommendations from the QAPI Committee to assure compliance.</p>	
K 046 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Administrator 4/24/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER ROAN HIGHLANDS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 146 BUCK CREEK ROAD ROAN MOUNTAIN, TN 37687	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID K 038	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 046	<p>Continued From page 1</p> <p>failed to ensure exit paths to the public way were provided with egress lighting.</p> <p>The findings include: Observation and interview with the Maintenance Director, on 4/12/2015 at 11:00 AM confirmed outside exit path to the public way was not provided with egress lighting on emergency power from 400 hall exit discharge.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 4/12/2015.</p>	K 046	<p><u>K 038 Monitoring Cont.</u></p> <p>The QAPI Committee consists of the Administrator, Medical Director, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Social Services Director, Activities Director, Dietary Manager, Maintenance Director, Housekeeping / Laundry Director, Business Office Manager, Admissions Director, and Therapy Manager.</p> <p><u>Corrective Action for Targeted Area</u></p> <p>K 046- On 4-22-15 Acorn electrical company installed emergency egress lighting at exit discharge from 400 hall to provide lighting to a public way.</p> <p><u>Identification of Area with Potential to be affected</u></p> <p>On 4-15-15 the Maintenance Director inspected emergency egress lighting to a public way and found no other areas were affected.</p> <p><u>Systematic Changes</u></p> <p>Measures to assure compliance include a quarterly audit of emergency egress lighting by the maintenance director to ensure that emergency lighting is provided and working properly.</p>	5/10/15

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0610	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2015
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NAME OF PROVIDER OR SUPPLIER ROAN HIGHLANDS NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 146 BUCK CREEK ROAD ROAN MOUNTAIN, TN 37687
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N 002	1200-8-6 No Deficiencies During the Life Safety portion of the annual Licensure survey conducted on 4/12/2015, no deficiencies were cited under 1200-08-6, Standards for Nursing Homes.	N 002	<u>K 046 Monitoring</u> Results of these audits will be reported quarterly by the Maintenance Director to the Quality Assurance Performance Improvement Committee for Review and Recommendations. The Administrator and Maintenance Director will follow up on recommendations from the QAPI Committee to assure compliance. The QAPI Committee consists of the Administrator, Medical Director, Consultant Pharmacist, Director of Nursing, Assistant Director of Nursing, MDS Nurse Coordinator, Social Services Director, Activities Director, Dietary Manager, Maintenance Director, Housekeeping / Laundry Director, Business Office Manager, Admissions Director, and Therapy Manager.	5/10/15

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Mary C. [Signature]

Administrator

4/24/15

STATE FORM

6080

6ZP721